

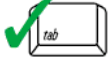


Massachusetts Department of Environmental Protection

Invoice Information Correction Form

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Please print this form double sided whenever possible.

If any of the information in the **"Bill to" name and address** at the top of your invoice is incorrect, provide the corrected information.

If any of the information in the **company name and location address on the lower portion of your invoice** is incorrect, provide the corrected information.

If any of the information appearing on the enclosed invoice is incorrect, please provide us with the correct information on this form. In order for us to make changes in our records you must provide all of the information requested below for each type of record change, sign and date this form. You should use the legal company name as registered with the Massachusetts Office of the Secretary of State, Corporations Division. **Return this form along with the invoice remit slip to: The Department of Environmental Protection, Commonwealth Master Lock Box, P.O. Box 3584, Boston, MA 02241-3584**

A. For All Corrections - required for processing all record changes

Information as it appears on the top portion of your invoice:

Company Name

Invoice Number

Department Customer Code

Customer Number

Did the requested correction or change to DEP records occur for any of the following reasons?

Please check all that apply: ☐ Ownership Change ☐ Company Name Change
☐ Business Closed ☐ The Company Moved to a New Location

Effective Date of the Change (mm/dd/yyyy)

Company Federal Employer Identification Number (FEIN)

Contact Person

Contact Telephone Number

B. Mailing Name/Address Correction

Company Legal Name As Registered At Sec. Of State

Secondary Name or Business Name If Different

Street Address or PO Box

City/Town

State

Zip Code

C. Location Name/Address Correction

Company Legal Name

Street Address or PO Box

City/Town

State

Zip Code

D. Attestation

I have examined this request and to the best of my knowledge and belief, all information supplied on this form is true, correct, and complete. Attest:

Signature of Company Official

Date (mm/dd/yyyy)

Print Name of Company Official

Title